



PATENT

ATTORNEY DOCKET NO. 50291/004001

**DECLARATION UNDER 37 C.F.R. § 1.63**

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled "Vaccine for the Prevention and Treatment of Alzheimer's and Amyloid Related Diseases," the specification of which was filed on November 28, 2000 as Application Serial No. 09/724,842, and was amended on September 17, 2001, April 15, 2002, June 21, 2002, and October 4, 2002.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, § 1.56.

**PROVISIONAL PRIORITY RIGHTS:** I hereby claim priority benefits under Title 35, United States Code, § 119(e) and § 120 of any United States provisional patent application(s) listed below filed by an inventor or inventors on the same subject matter as the present application and having a filing date before that of the application(s) of which priority is claimed:

Serial Number	Filing Date	Status
60/168,594	November 29, 1999	Abandoned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

11-29-99  
file date

Full Name (First, Middle, Last)	Residence Address	Post Office Address	Citizenship
Robert Chalifour	332 Place Ladouceur, Ile Bizard, Québec H9C 1T4, Canada	332 Place Ladouceur, Ile Bizard, Québec H9C 1T4, Canada	Canada
Signature: <i>Robert Chalifour</i>			Date: <i>11/2/03</i>

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Lise Hébert	6035 Boul. Gouin Est, Montréal Nord, Québec H1G 5X2, Canada	6035 Boul. Gouin Est, Montréal Nord, Québec H1G 5X2, Canada	Canada
Signature: <i>Lise Hébert</i>			Date: <i>11/02/03</i>

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Xianqi Kong	12 Papillon Street, Dollard-des-Ormeaux, Québec H9B 3J7, Canada	12 Papillon Street, Dollard- des-Ormeaux, Québec H9B 3J7, Canada	Canada
Signature: <i>Xianqi Kong</i>			Date: <i>12/02/03</i>

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Francine Gervais	1003 Bellevue, Ile Bizard, Québec H9C 2X5, Canada	1003 Bellevue, Ile Bizard, Québec H9C 2X5, Canada	Canada
Signature: <i>Francine Gervais</i>			Date: <i>11/02/03</i>